

Date_____

_____1st Year

_____2nd Year

_____3rd Year

PROFESSIONAL GROWTH PLAN
PROFESSIONAL GROWTH CYCLE
20____-20____

Name:_____

Position:_____

Team Members:_____

1. What is your Professional Growth goal:_____

2. How does the goal fit in the established Core Competencies?_____

3. Briefly state your plan of action with time lines for each year._____

4. List activities and strategies planned to meet goals._____

5. What are the expected benefits for students?_____

Immediate:_____

Long Term:_____

6. How often will you meet with the designated evaluator to assess progress? _____

7. Describe your method of record keeping. _____

8. Estimated Completion date: _____

9. How will the success of your efforts be measured or evaluated? _____

10. What will be your final product? _____

_____ Approved

_____ Approval Denied

_____ Returned for Revision

Evaluator Signature

Date

Evaluatee Signature

Date
